

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

11/581144

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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27				-		
28				-		
29				-		
30				-		
31				-		
32				-		
33			1			
34			1			
35			1			
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.		←	8	←	←	
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS					←	